## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                   |  |   |
|---|--|---|--|---|--|---|
|   |  |   | · par<br>hav   | ers. Each additional p<br>e its own certificate o   | paper, such as an assignme<br>of mailing or transmission.                            | nt or formal drawing, must  |
|   |  | 2/2007  |  | Certii  | ficate of Mailing or Trans   | mission   |
| BAXTER HEALTHCARE CORPORATION  1 BAXTER PARKWAY  DF2-2E   |  |   |  | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |   |
| DEERFIELD, IL   | 60015  |   |  |   |  | (Depositor's name)  |
|   |  |   | <del> </del>   |   | ······································   | (Signature)   |
|   |  |   |  |   |  | (Date)  |
| APPLICATION NO.   | LICATION NO. FILING DATE   |   | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO. CONFIRMA   |   |
| 10/623,317  | 07/17/2003   | ······································  | Brian R. Micheli   | ii  | DI-5829  | 3439  |
| TITLE OF INVENTION: S   | SYSTEMS AND MET  | HODS FOR PERITONE   | AL DIALYSIS  |   |  |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE F  | FEE TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional  | NO   | \$1400  | \$300  | \$0   | \$1700   | 06/04/2007  |
| EXAMIN  | ER   | ART UNIT  | CLASS-SUBCLASS   | ]   |  |   |
| DRODGE, JO  | SEPH W   | 1723  | 210-645000   |   |  |   |
| 1. Change of correspondence CFR 1,363).   | ce address or indication   | n of "Fee Address" (37  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,   |   |  |   |
| Change of correspond<br>Address form PTO/SB/I   | dence address (or Cha  | nge of Correspondence   |  |   |  |   |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Joseph P. Reagen, Esq. 3   |   |  |   |
| 3. ASSIGNEE NAME AND  | RESIDENCE DATA   | TO BE PRINTED ON T  | THE PATENT (print or type  | pe)   |  |   |
| PLEASE NOTE: Unless recordation as set forth in   | s an assignee is identi<br>n 37 CFR 3.11. Comp   | fied below, no assignee letion of this form is NO   | data will appear on the part of the part o | atent. If an assignee assignment.   | is identified below, the do  | cument has been filed for   |
| (A) NAME OF ASSIGN  |  | _   | (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |   |  |   |
| Baxter International Inc.<br>Baxter:Healthcare S.A.   |  |   | Deerfield, IL  |   |  |   |
|   |  | -   |  | witzerland  |  |   |
| Please check the appropriate  | e assignee category or   | categories (will not be pri   | inted on the patent):  | Individual Wi Corpo   | oration or other private gro   | up entity  Government   |
| 4a. The following fee(s) are  | submitted:   | 4b  | p. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |   |  |   |
| ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)  |  |   | ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.  |   |  |   |
| Advance Order - # of Copies3  |  |   | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).  |   |  |   |
| <ol> <li>Change in Entity Status</li> <li>a. Applicant claims Sl</li> </ol>   |  | · ·   |  |   | ENTITY status. See 37 CF   |   |
| NOTE: The Issue Fee and Printerest as shown by the reco   | ublication Fee (if requords of the United State  | ired) will not be accepted  | from anyone other than the   |   |  |   |
| Authorized Signature  |  | W. Ollar  |  | Date March  | 1 7, 2007  |   |
| Typed or printed name   | David W. Ok  | ev  |  | Registration No.  | 42,959   |   |
| This collection of information an application. Confidentialistibuling the completed aphies form and/or suggestions Box 1450, Alexandria, Virginal Alexandria, Virginal 22313- | on is required by 37 Cl<br>ty is governed by 35 l<br>plication form to the<br>for reducing this bure<br>inia 22313-1450. DO<br>1450. | FR 1.311. The information J.S.C122 and 37-CFR-1 USPTO. Time will vary ten, should be sent to the NOT SEND FEES OR C | OMI DETED POMMS TO   | etain a benefit by the p<br>mated to take 12 min<br>dual case. Any comm<br>r, U.S. Patent and Tra<br>THIS ADDRESS. SI   | oublic which is to file (and utes to complete, including tents on the amount of time | by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450, |